

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17	1					
18		1				
19		1				
20		1				
21		1				
22		1				
23	2					
24	2					
25	1					
26	1					
27	2					
28	1					
29	1					
30	1					
31	3					
32	1					
33	4					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	X					
TOTAL DEP.	37					
TOTAL CLAIMS	44					

	*		*		*	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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58						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						